

02-16-17 12:45PM

217-2

# 41/ 69

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Injury Report

Offender Name: JOHNSONID#: B18840Age: 42 yrs

Date of Birth:

Sex: M

Race:

Date of Injury: 3/10/14Time of Injury: 6am  am  pmLocation: cell house

How did the injury occur?

altercationWas it witnessed by staff?  No  Yes (If yes, please list names)

## Location in facility:

- LTA (gym, basketball, football, etc.)
- Group (therapy)
- Housing Unit (cell, dayroom, tv room, etc.)
- School (classroom, library)
- Kitchen
- Other cell house

## Type of Injury:

- Sports
- Assault
- Job Related
- Non-job Related
- Self-inflicted
- Fight

Signature

Rn

3/10/2014

Title

(Medical Report on Reverse Side)

Side 1

Dap X1  
 7/11/17  
 NCR

02-16-17;12:45PM;

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111

Offender Name: JohnsonID#: B18840Date of medical examination: 3/10/14 Time: 6:15am  am  pm Physician Contacted:  Yes  NoS (Subjective Findings): My Cell mate stated I am snoring too loud and I said I cannot help it then he jump out of bed and started swinging on me.O (Objective Findings): I'm noted bleeding from both eyes.  
Assessment revealed lacerations on both eye lids.Vitals: T 98.7 P 119 R 16 BP 145/98 Tetanus \_\_\_\_\_A (Evaluation of Injury): \_\_\_\_\_P (Treatment and Follow-up): STFU C MD

Disposition of patient:

Return to assignment  Housing Unit  Lay In  Infirmary  Segregation  
 Off-site referral for treatment (Destination) \_\_\_\_\_

Marvin Andrews

Print Name of Person Completing Form

Andrews

Signature

RN

Title

3/10/2014

Date

## To Be Completed By Physician

I have reviewed this report and would like to see this offender:  Immediately  Next Sick Call  PRNDr. Aguirre

Print Physician Name

ZL

Physician's Signature

7-10-14

Date

Distribution: Offender Medical File

Printed on Recycled Paper

DOC 0313 (Ed. 07/2008)  
(Replaces DCA7111-1A)